24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
314 PAC				C C00567800
				M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee Bergmann Zwerdling Direct			Date of	Public Distribution/Dissemination
			O	4 10 2016
Mailing Address 1015 18th St NW			Amount	
Ste 500	State	Zip Code		22395.11
Washington	DC	20036		ction ID : WFT2016381752-1 Disbursement or Obligation
Purpose of Expenditure Direct Mail		Category/ Type	M 0	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:08
Santarsiero Steven		X Oppose	Presiden	t Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		22395.11	Disbursement 2016 Oth	For:
Full Name of Payee				Public Distribution/Dissemination
			М	M / D D / Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code		
Purpose of Expenditure			Date of	Disbursement or Obligation
Turpose of Experionare		Category/ Type	M	M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	Presiden	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement	,
			Oth	ner (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
May Jennifer	[Floatro-	nically Filed1 -	M M /	D D / Y Y Y Y Y
[Electronically Filed] Date 04 11 2016 Signature				